ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE | | | | | | |
|---------------------------|----------|---------|----------|--|--|--|--|--|--|
| FEE DETERMINATION | | , | 10-02-01 | | | | | | |
| O.I.P.E. CLASSIFIER | 700 | | | | | | | | |
| FORMALITY REVIEW | TA | J.CRYY_ | 10/12/01 | | | | | | |
| RESPONSE FORMALITY REVIEW | | | | | | | | | |

INDEX OF CLAIMS

| J | Rejected | N | . Non-elected |
|---|----------------------------|---|----------------|
| | Allowed | l | . Interference |
| | (Through numeral) Canceled | Α | . Appeal |
| | Restricted | 0 | . Objected |

| Cla | im | Τ | | | | Date | e | Claim Date | | | | | | | | | Cla | im | Date | | | | | | | | | | | | | | | | | | | |
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| Final | higin | | 生 | | | | | | | | | | | | Original | | - | | | | 1 | Í | - | 1 | | ļ | Final | Original | Ì | | | | - | | ļ | | , | |
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If more than 150 claims or 10 actions staple additional sheet here